

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

161373794

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
2					
3					
4					
5					
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10					
11					
12		/			
13			/		
14		/	7		
15					
16			/		
17			/		
18			/		
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41			/		
42			/		
43			/		
44			/		
45			/		
46			/		
47			/		
48			/		
49			/		
50			/		
TOTAL IND.		2	2		
TOTAL DEP.		11	11		
TOTAL CLAIMS		13	13		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
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97						
98						
99						
100						
TOTAL IND.			2	2		
TOTAL DEP.			11	11		
TOTAL CLAIMS			13	13		